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**MOTOROLA****FAX TRANSMITTAL SHEET**

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Intellectual Property Section  
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Horsham, PA 19044

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**16** Number of Pages (including this page)

Date: August 4, 2005  
Examiner: Pyzocha, Michael J.  
To: Art Unit: 2137  
Location: United States Patent and Trademark Office  
571-273-8300  
Fax No.:  
Attorney: Thomas Bethea, Jr. Reg. No. 53,987  
From:  
Serial No. 09/966,552 Filed: 09/26/2001 Docket No. D02631  
Subject:

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**MESSAGE:**

Enclosed herewith, please find Petition for One Month Extension of Time Under CFR 1.136(a) and Response to Office action mailed on April 27, 2005 for filing in the below-identified application.

**PLEASE GIVE THESE PAPERS TO:**

EXAMINER:  
GROUP ART UNIT:

Pyzocha Michael J.  
2137

ATTORNEY DOCKET NO.:

D02631

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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/968,552	
	Filing Date	September 26, 2001	
	First Named Inventor	Alexander Medvinsky	
	Group Art Unit	2137	
	Examiner Name	Pyzocha, Michael J.	
Total Number of Pages in this Submission	Attorney Docket Number	D02631	

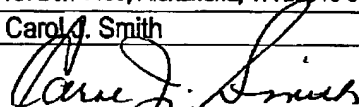
  

ENCLOSURES			(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts ISSUE FEE Change of Correspondence Address	
Remarks			


SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Thomas Bethea, Jr.	Registration No.	53,987
Signature			
Date	August 4, 2005		

CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number <u>571-273-8300</u> or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	Carol J. Smith		
Signature			Date
			August 4, 2005

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003

Effective on 12/08/2004		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Application Number	09/966,552
<b>FEE TRANSMITTAL</b>		Filing Date	September 26, 2001
<b>For FY 2005</b>		First Named Inventor	Alexander Medvinsky
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Pyzocha, Michael J.
		Group Art Unit	2137
TOTAL AMOUNT OF PAYMENT	(\$) <b>120</b>	Attorney Docket No.	D02631
<b>METHOD OF PAYMENT (check all that apply)</b>			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>502117</b> Deposit Account Name: <b>MOTOROLA, INC.</b>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) Indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments			
under 37 CFR 1.16 and 1.17			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>			
<b>FILING FEES</b>		<b>SEARCH FEES</b>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Utility	300	150	500
Design	200	100	250
Plant	200	100	50
Reissue	300	150	100
Provisional	200	100	300
		0	500
		0	250
		0	150
		0	160
		0	600
		0	300
		0	0
		<b>EXAMINATION FEES</b>	
		<u>Small Entity Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
		100	65
		80	80
		300	80
		0	300
		0	0
<b>2. EXCESS CLAIM FEES</b>			
<u>Fee Description</u>		<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100
Multiple dependent claims		360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HP=highest number of total claims paid for, if greater than 20			
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HP=highest number of independent claims paid for, if greater than 3			
<b>3. APPLICATION SIZE FEE:</b>			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s).			
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(round up to a whole number) x			
		<u>Fee Paid (\$)</u>	<input type="text"/>
<b>4. OTHER FEE(S)</b>			
1 Month Extension of time		<u>Fee Paid (\$)</u>	
		\$120.00	
<b>SUBMITTED BY</b>		Complets (if applicable)	
Name (Print/Type)	Thomas Bethea Jr.	Registration No.	53,987
Signature		Telephone	215-323-1850
Date	August 4, 2005		